



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 006000001

CITY OR TOWN AYER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NASHOBA REST INC

DOING BUSINESS AS

ADDRESS 14 CENTRAL AVE.

CITY/TOWN: AYER

STATE: MA

ZIP CODE: 01432

MANAGER: RAKIP, R. JR.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FLR; 3 ROOMS, KITCHEN, DINING ROOM, BAR 2ND FLR; 2 ROOMS FOR STORAGE.  
CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 006000002

CITY OR TOWN AYER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CARLIN'S REST INC.

DOING BUSINESS AS

ADDRESS 7 DEPOT SQUARE

CITY/TOWN: AYER

STATE: MA

ZIP CODE: 01432

MANAGER: BERRY, PHILIP

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ADDITION OF ENCLOSED PATIO TO REAR OF BUILDING.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 006000005

CITY OR TOWN AYER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TINY'S DOUGHNUT TREAT, INC.

DOING BUSINESS AS

ADDRESS GROTON SCHOOL RD.

CITY/TOWN: AYER

STATE: MA

ZIP CODE: 01432

MANAGER: MAURO, WILLIAM TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN FLOOR; RESTAURANT, DINING AREA, KITCHEN AND STORAGE AREA. CELLAR;  
GENERAL STORAGE AREA

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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By:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 006000010

CITY OR TOWN AYER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TRAFFIC CIRCLE LIQUORS,INC.

DOING BUSINESS A JACK-O-LANTERN

ADDRESS 2 LITTLETON ROAD

CITY/TOWN: AYER

STATE: MA

ZIP CODE: 01432

MANAGER: FERMANIAN,  
MARK

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 ROOMS AND A CELLAR,FRONT ROOM FOR RETAIL,REAR ROOM FOR STORAGE  
OFFICE,RESTROOM,FRONT ENTRANCE AND REAR ENTRANCE FOR DELIVERY

I hereby certify and swear under penalties of perjury that:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 006000011

CITY OR TOWN AYER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AYER PKG STORE INC

DOING BUSINESS AS

ADDRESS 48 MAIN STREET

CITY/TOWN: AYER

STATE: MA

ZIP CODE: 01432

MANAGER: BERRY, LESTER  
W. III

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM WITH WALK IN COOLER ON FIRST FLOOR, PUBLIC ENTRANCE/EXIT ON MAIN  
ST AND FULL SERVICE ENTRANCE/EXIT AT THE REAR. CELLAR AND ONE SECOND  
FLOOR ROOM FOR STORAGE

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3. the premises are now open for business (If not explain below)

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

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(If disapproved explain)

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 006000013

CITY OR TOWN AYER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: C.R. PIERCE, INC.

DOING BUSINESS AS

ADDRESS 30 MAIN STREET

CITY/TOWN: AYER

STATE: MA

ZIP CODE: 01432

MANAGER: BRESNAHAN, J. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol  
TIMOTHY

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE LEVEL RENTAL UNIT WITH 800 SQ. FT. OF RETAIL SPACE INCLUDING A 16 SQ. FT. RESTROOM

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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LOCAL LICENSING AUTHORITY

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 006000015

CITY OR TOWN AYER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AYER GUN & SPORTSMEN'S CLUB

DOING BUSINESS AS

ADDRESS SNAKEHILL ROAD

CITY/TOWN: AYER

STATE: MA

ZIP CODE: 01432

MANAGER: Briggs, Robert E

TYPE OF LICENSE: Club

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 006000017

CITY OR TOWN AYER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHAKER HILLS GOLF CLUB, INC.

DOING BUSINESS AS SHAKER HILLS GOLF CLUB

ADDRESS SHAKER RD

CITY/TOWN: AYER

STATE: MA

ZIP CODE: 01432

MANAGER: HERRICK, MIKE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:





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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 006000019

CITY OR TOWN AYER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MANGO GRILL, INC.

DOING BUSINESS AS

ADDRESS 38 LITTLETON ROAD

CITY/TOWN: AYER

STATE: MA

ZIP CODE: 01432

MANAGER: YAN, LI C.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOODEN BLDG. FIRST FLOOR OPEN TO LARGE DINING ROOM, KITCHEN,  
MENS ROOM AND LADIES ROOM. SECOND FLOOR; DINING ROOMS ELEVATOR,  
RESTROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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239 Causeway Street  
Boston, MA 02114  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 006000021

CITY OR TOWN AYER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PAGE-MOORE CAFE, INC

DOING BUSINESS A BILLIARDS CAFE

ADDRESS 39 MAIN STREET

CITY/TOWN: AYER

STATE: MA

ZIP CODE: 01432

MANAGER: MOORE, CALVIN E TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2ND FLOOR BILLIARD ROOM WITH TABLES AND CHAIRS, BAR AREA, RESTROOMS,  
OFFICES, RETAIL AREA AND STAGE ...OUTSIDE PATIO DECK..

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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By:

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DATE:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 006000022

CITY OR TOWN AYER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AYER VINYARD LTD

DOING BUSINESS AS THE VINEYARD

ADDRESS 63 PARK ST

CITY/TOWN: AYER

STATE: MA

ZIP CODE: 01432

MANAGER: GENDRON,  
JEFFREY P.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BEER AND WINE DISPLAY AREA, WALK IN COOLER, MENS AND LADIES REST ROOMS,  
ENTRANCE AND EXIT ONTO PARK ST

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

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LOCAL LICENSING AUTHORITY

By:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 006000023

CITY OR TOWN AYER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: G.W. ARCHER INC.

DOING BUSINESS AS

ADDRESS 70 MAIN STREET

CITY/TOWN: AYER

STATE: MA

ZIP CODE: 01432

MANAGER: ARCHER, GARY W.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SERVICE STATION/ CONVENIENCE STORE

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

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DATE:

TELEPHONE NUMBER:

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DATE:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 006000024

CITY OR TOWN AYER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KYUNG ENTERPRISES INC.

DOING BUSINESS AS CHUNG GE MARKET

ADDRESS 210-D WEST MAIN STREET

CITY/TOWN: AYER

STATE: MA

ZIP CODE: 01432

MANAGER: PARK, MUN HEE

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ORIENTAL MARKET

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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LOCAL LICENSING AUTHORITY

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 006000026

CITY OR TOWN **AYER**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **MARK A DICCO, ENTERPRISES LLC**

DOING BUSINESS AS **LUCIA'S TAVOLA RISTORANTE ITAL**

ADDRESS **31 MAIN STREET**

CITY/TOWN: **AYER**

STATE: **MA**

ZIP CODE: **01432**

MANAGER: **DICCO, MARK A.** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**1ST FLOOR OF WOOD & BRICK RENTAL UNIT-FAMILY RESTAURANT. (1800 SQ FT) .  
SERVICE SPACE 790 SQ.FT. INCLUDING KITCHEN. TWO ENTRANCES ONTO MAIN STREET  
AND WASHINGTON STREET. MENS & LADIES RESTROOMS**

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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Individual, Partner or Authorized Corporate Officer

DATE:

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(If disapproved explain)

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